

2003 SCHEDULE S SUB
Supplemental Information
and Dependents

030400430000

OFFICIAL USE ONLY

If you fill in any part of this schedule,
staple it to your D-40.

Your last name.

AAAAAAAAAAAAAAAAAAAAA

Your social security number

999-99-9999

Foreign address Do not abbreviate country name.

Home address (number and street)

99999AAAAAAAAAAAAAAAAAAAAA

Apartment number

99AAA

City

AAAAAAAAAAAAAAAAAAAAA

State/Province

AAAAAAAAAAAAAAAAAAAAA

Your daytime phone number

999999999999999

Country

AAAAAAAAAAAAAAAAAAAAA

Postal code

999999999999999

Dependents If you have more dependents, attach a statement to this schedule listing the name,
relationship, and social security number of each.

First name	M.I.	Last name	Social security number	Relationship
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA

Head of household filers

Name and SSN of qualifying non-dependent person

AAAAAAAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA 999-99-9999

Income from DC franchise or fiduciary tax return

Name of entity

AAAAAAAAAAAAAAAAAAAAA

Federal employer ID number or SSN

99-9999999

Your share of income

\$ 999999999.00

AAAAAAAAAAAAAAAAAAAAA

99-9999999

\$ 999999999.00

AAAAAAAAAAAAAAAAAAAAA

99-9999999

\$ 999999999.00

Your last name AAAAAAAAAAAAAAAAAAAAAA
Your SSN 999-99-9999

030400440000

Calculation G Number of exemptions

Do not attach this schedule to your D-40, if you only filled in lines a, f, and i of this Calculation and have not filled in any other sections of Schedule S.

a	Enter 1 for yourself and	a	99
b	Enter 1 if you are filing as a head of household and	b	99
c	Enter 1 if you are 65 or over and	c	99
d	Enter 1 if you are blind	d	99
e	Enter number of dependents	e	99
f	Enter 1 for your spouse if filing jointly or married filing separately on same return	f	99
g	Enter 1 if married filing jointly or separately on same return, and your spouse is 65 or over	g	99
h	Enter 1 if married filing jointly or separately on same return, and your spouse is blind	h	99
i	Total number of exemptions. Add lines a through h and enter on D-40, line 19.	i	99

Calculation J Tax for married filing separately on same return

Enter separate amounts in each column. Do not combine amounts until you reach line k.

	You	Your spouse
a Federal adjusted gross income. If you filed separate federal returns, enter amounts from 1040, line 34 or 1040A, line 21. If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income.	a 999999999.00	999999999.00
b Total additions to federal adjusted gross income. Enter each person's portion of additions entered on D-40, line 15.	b 999999999.00	999999999.00
c Add lines a and b.	c 999999999.00	999999999.00
d Total subtractions. Enter each person's portion of subtractions entered on D-40, line 13 and 13a.	d 999999999.00	999999999.00
e D.C. adjusted gross income. Subtract line d from line c.	e 999999999.00	999999999.00
f Deduction amount. Enter each person's portion of deductions entered on D-40, line 18. (You may divide this amount any way you like.)	f 999999999.00	999999999.00
g Exemption amount. Enter each person's portion of the exemption amount entered on D-40, line 20.	g 999999999.00	999999999.00
h Add lines f and g.	h 999999999.00	999999999.00
i Taxable income. Subtract line h from line e.	i 999999999.00	999999999.00
j Tax. If line j is \$100,000 or less, use tax tables. If more, use Calculation I.	j 999999999.00	999999999.00
k Add the amounts entered on line j, enter here and on D-40, line 23.	k \$ 999999999.00	Total tax

Additional Information from the Federal Form 1040 Schedule A (attach a copy of your federal Schedule A)

a Medical and Dental Expenses from Schedule A, line 4	a	\$	999999999.00
b Taxes Paid from Schedule A, line 9	b	\$	999999999.00
c Interest Paid from Schedule A, line 14	c	\$	999999999.00
d Gifts to Charity from Schedule A, line 18	d	\$	999999999.00
e Casualty and Theft Losses from Schedule A, line 19	e	\$	999999999.00
f Job Expenses and Most Other Miscellaneous Deductions from Schedule A, line 26	f	\$	999999999.00
g Other Miscellaneous Deductions from Schedule A, line 27	g	\$	999999999.00